

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960

-60-031103

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 134

ENDED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HILLSBORO</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>*</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u> c. CITY OR TOWN <u>HILLSBORO</u> d. STREET ADDRESS (If outside, give location) <u>NONE</u>					
3. NAME OF DECEASED (Type or print) First <u>PRESS</u> Middle <u>*</u> Last <u>PIGG</u>				4. DATE OF DEATH Month <u>AUG.</u> Day <u>23</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-30-73</u>		9. AGE (last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER & FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WHITE CO. ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PRESTON PIGG</u>				13b. MOTHER'S MAIDEN NAME <u>BETTY VAUGHN</u>		14. NAME OF HUSBAND OR WIFE <u>SUSIE PIGG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT <u>SUSIE PIGG</u> Address <u>HILLSBORO Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arteriosclerosis Cerebralis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Aug. 11, 1960</u> to <u>Aug. 23, 1960</u> and last saw her alive on <u>Aug. 23, 1960</u> Death occurred at <u>5:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Chas. E. Owen D.D.</u> (Degree or title)				22b. ADDRESS <u>222 Sato Mo.</u>				22c. DATE SIGNED <u>8/24/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 26 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO</u>		23d. LOCATION (City, town, or county) <u>HILLSBORO Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>DIETRICH FUNERAL HOME Mo.</u> ADDRESS <u>DESOTO</u>				25. DATE RECD. BY LOCAL REG. <u>8/25/60</u>		26. REGISTRAR'S SIGNATURE <u>White Dunderberg, Dgo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jonell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Idaho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.